

CDVSA BATTERER'S INTERVENTION PROGRAM**PARTICIPANT INCIDENT REPORT**

Participant Name _____ Program Name _____
Participant ID _____ Date of Contact _____
Date of Most Recent Incident _____ Additional Court Case IDs (optional) _____

Types of Violence Participant Committed

- ☐ Threats of Violence
- ☐ Physical Force Used
- ☐ Sexual Assault (Any Degree) Adult Victim
- ☐ Sexual Abuse (Any Degree) Minor Victim
- ☐ Use of Weapons
- ☐ Destruction of Pets/Property
- ☐ Other: _____
- ☐ Unknown

Alcohol Use

- ☐ Used Alcohol at Time of Current Offense
- ☐ No Alcohol Use During Incident
- ☐ Unknown if Alcohol Used During Incident

Drug Use

- ☐ Used Drugs at Time of Current Offense
- ☐ No Drugs Use During Incident
- ☐ Unknown if Drugs Used During Incident

Referral

- ☐ Court
- ☐ OCS
- Reason: _____
- ☐ Self
- ☐ Other: _____

Relationship to Victim

- ☐ Spouse / Partner
- ☐ Ex-Spouse / Ex-Partner
- ☐ Girlfriend/Boyfriend
- ☐ Ex-Girlfriend/Ex-Boyfriend
- ☐ Friend
- ☐ Parent / Guardian
- ☐ Child
- ☐ Sibling
- ☐ Other: _____

Charges:

- ☐ Assault 1
- ☐ Assault 2
- ☐ Assault 3
- ☐ Assault 4
- ☐ Domestic Violence
- ☐ Probation Violation or Offender
Registration Violation
- ☐ Disorderly Conduct
- ☐ DUI
- ☐ Sexual Assault Adult Victim
- ☐ Violating Protective Order
- ☐ Reckless Endangerment
- ☐ Criminal Mischief
- ☐ Theft (Any)
- ☐ Attempted Murder
- ☐ Murder
- ☐ Robbery (Any)
- ☐ Alcohol/Drug Related
- ☐ Stalking (Any)
- ☐ Harassment
- ☐ None
- ☐ Other: _____

Convictions:

- ☐ Assault 1
- ☐ Assault 2
- ☐ Assault 3
- ☐ Assault 4
- ☐ Domestic Violence
- ☐ Probation Violation or Offender
Registration Violation
- ☐ Disorderly Conduct
- ☐ DUI
- ☐ Sexual Assault Adult Victim
- ☐ Violating Protective Order
- ☐ Reckless Endangerment
- ☐ Criminal Mischief
- ☐ Theft (Any)
- ☐ Attempted Murder
- ☐ Murder
- ☐ Robbery (Any)
- ☐ Alcohol/Drug Related
- ☐ Stalking (Any)
- ☐ Harassment
- ☐ None
- ☐ Other: _____

Incident Injuries Self-Report

- ☐ Bruises / Abrasions
- ☐ Broken Bones / Teeth
- ☐ Wounds / Punctures
- ☐ Chronic / Disabling
- ☐ Sprains / Back / Neck
- ☐ Burns / Bites
- ☐ Internal Injuries
- ☐ Head / Spinal Injuries
- ☐ Gunshot / Knife Injuries
- ☐ Death
- ☐ Not Disclosed Injury
- ☐ Fear of Imminent Bodily Harm
- ☐ No physical injury
- ☐ Strangulation
- ☐ Other Injury: _____

Incident Injuries Official Sources

- ☐ Bruises / Abrasions
- ☐ Broken Bones / Teeth
- ☐ Wounds / Punctures
- ☐ Chronic / Disabling
- ☐ Sprains / Back / Neck
- ☐ Burns / Bites
- ☐ Internal Injuries
- ☐ Head / Spinal Injuries
- ☐ Gunshot / Knife Injuries
- ☐ Death
- ☐ Not Disclosed Injury
- ☐ Fear of Imminent Bodily Harm
- ☐ No physical injury
- ☐ Strangulation
- ☐ Other Injury: _____

Prepared By _____ Reviewed By _____ Date of Review _____